certificate.

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5816

1.	PLACE O			WITHIN CORP.	ONAID LIMITS OF (18)	-0
	,	Worcester	w 1 1	Military	registration Dist. No.	<i>O</i>
	Village or C	ity Pocomoke (lty		No. 510 Bonneyille Ave st.,	Ward
	Length of res	idence in city or town whera	daath occurrad		ds. How long in U.S. if of foreign birth?yrsmo	
2.	FULL NA	ME Beulah A	rdelott		If U. S. Veteran, specify WAR.	
		ce: No. 510 Bonr			St., Ward.	
	(a) Nosidor		(Usual place		If nonresident give city or town and	Stale
		IAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	emale_	4. Color or RACE Colored	5. SINGLE, MAR OR DIVORCE Singl	RRIED, WIDOWED, ID (write tha word) LE	21. DATE OF DEATH Pocomoke City, May 3rd (Month) (Day)	, 193
	f marriad, widov HUSBAND of (or) WIFE of	ved, or divorcad			22. ALI HEREBY CERTIFY. That i attended of	dacaased from
6. D/	ATE OF BIRTH	(month, day, and year) Al	igust 19	th.1900	i iast saw hele alive on Affine 15, 1937	; death is said
7. AC	GE Yes	ers Months	Days	If LESS than I dey,hrs.	to have occurred on the date stated above, a 6 • 20P • m.	
	- 3	36 8	15	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:	Oats of onset
٥	9. Industry or work wa SAW MII 10. Data dacaas this occuyear)	ty or town) Worcesi	11. Total spe	tima (yaars) Intin this Life Upation Life	Trimory Course & Charrie as phritish Que & Q. Divisition : Usakoromus. Other Contributory Causes of Importance:	ţ.
m		loyd Aydelo			Fue nepture	
1		(city or town) MORCES country) Man	ter Con	inty	Nama of operation Date of What test confirmed diagnosis?	utopsy? 2
OTHER	15. MAIOEN NA	MEAmanda Whi	ttingto	n	23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOT		country) Somer	set Cou yland.	nty	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	
17. i	NFORMANT .N. (Addrass)	evitte Ayde. Pocomoke Cit	lotte ty, Mary	land.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	IĆE.
18. B	BURIAL CREMAT	on Cemetery			Manner of Injury	
	INDERTAKER L	Pocomoke Ci-	Stev	ereson	24. Was disease or injury in any way ralated to occupation of deceased? If so, specify (Signed) (Addrass)	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
, v. S.	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Worces ter	Registration Dist. No. 353
Village or City Showel	No. St. V
Length of residence in city or town where death occurred 33 _yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Isaac To Beaus	ha p
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male white married	
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Latie Beauch	22. I HEREBY CERTIFY, That I ettended deceesed
6. DATE OF BIRTH (month, day, end year) 1859 - Seet 26	
7. AGE Years Months Days / If LESS tha	to have occurred on the date steted above, LePm.
77 7 26 1 day,	word to follows:
8. Trade, prolession, or particular kind of work done, as SPINNER,	Date of
SAWYER, BOOKKEEPER, etc	Cerebrol Hemerhoge
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month end	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) M. augland (State or country)	Chr. nethritis
	- an. My hours
14. BIRTHPLACE (city or town) Maryland (State or country)	Mant test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Y and Care	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19_
S (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Katie Branchany	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
Place Bully pill Date Man 25 193	7 Manner of Injury
11.0.	Total of milal
19. UNDERTAKER MARCHANICA (Address)	24. Was disease or injury In any way related to occupation of deceased?
Milson Bas	(Signed) (has 11 taw
20. FILED 19 19 Resistrar	(Address) Barling

V. S. No. 1

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	73-2
County Worcesler.	Registration Dist. No. 355
	NoSt.,V (If death occurred in a hospital or institution, give its NAME instead of street and number)
P 7. 10.	osds. How long in U. S. if of foreign birth?yrsmos
(a) Residence: No. (Usual place of abode)	d St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year
(or) WIFE of Betty Bowen.	22. f HEREBY CORT FY, That attended deceased
6. DATE OF BIRTH (month, day, and year) 700, 25, 1858 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at \$23 Press.
78 3- 15- 1 day,hr ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of C
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK DELAY	Chronie Myscardile
10. Date deceased last worked et this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Contributory Causes of importance:
13. NAME Zadock W. Bowen	with obstruction
14. BIRTHPLACE (city or town) Maryland (State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Martha J. Franklin 16. BIRTHPLACE (city or town) Maryland (Chate or country)	23. if deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
2 (State or country) 17. INFORMANT Mrs. Frank Bowen (Address) (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL) Place Bushingham. Date may 13, 193	Manner of Injury
19. UNDERTAKER J, W, Burbage (Address) Byrlin md	24. Was disease or injury in any way related to occupation of deceased.
20. FILED 5-13 , 1997 Helen J. Hayur	and (Signed) And Control (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU	-53		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FACTOR TO THE PINC

V. S. No. 1

20, FILED May 12 19

STATE OF MARYL	AND-CERT	IFICATE	OF DEA	TH 58	10
1. PLACE OF DEATH		93.0			10
County Warcester		(WC)	Registration D	ist. No. 352	
Village or City 3. Berlin	No.	Marin Land		St.	War
	(a) (3 () V 2 A A -			instead of street and num	ber)
Langth of rasidance In city or town whera daeth occurred	- 42 V. 1 1	1		yrs mos	d
(a) Residence: No. M. Balin	md st.	If U. S. Veteran, Ward.	specify WAR		• • • • • • • • • • • • • • • • • • • •
(Usual place of ab				ve city or town and Stat	te
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL C	ERTIFICATE	OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (w	rite tha word)	E OF DEATH	arf	// 19	37
Mule a. a. l wedow	ven		(Month)	(Day)	(Yaar)
HUSBAND of Cannie Lee Brids	lell ma	I HEREBY	STITT	That I attended deci	eased from
DATE OF BIRTH (month, day, and year Peec 122 18	75 Hast saw	Land aliva on	way	10 1937 de	aath is sai
AGE Years Months Days	If LESS than to have occ	currad on the date state	id abova, at	H.m	
	day,hrs. The PRING	CIPAL CAUSE OF DEAT	TH end related causes	4 6 / 6 1 1000	
8 Trada profession or particular	The	uter	Inte	utitial	ate of onse
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc	n	you.	utre		
work was done, as SILK MILL,		/			
SAW MILL, BANK, etc	VAATE)				
this occupetion (month and May 5,3) spent in year) spent in	this Color				
12-0		tributory Causes of Impo	ortence:		
2. BIRTHPLACE (city or town)	0	to yes			
13. NAME Robert Bridgel	0				
Band in	Name of o	N	our	Data of	۰
(Stata or country)	7	confirmed diagnosis!	ruel	Was there an auto	2
15. MAIDEN NAME Sarah Clifto		wes due to axternal ce	ISES (VIOLENCE) AT		pay:
16. BIRTHPLACE (city or town) Berlin				ate of injury	19
16. BIRTHPLACE (city or town) Berling (Stata or country) Manyland		injury occur?			,
17. INFORMANT Mrs. Sara Bridde	20		(Specify city or to n 1NDUSTRY, In HOM	own, county and State) E, or in PUBLIC PLACE	
(Addrass) Touring Md., 18. BURIAL, CREMATION, OR REMOVAL (m. of)					
Place Allemontown Date Mars	Menner of				
The or		injury		7	7
19. UNDERTAKER Comes of Multicant	24. Was dis	ease or injury in any w	yay related to occupat	ion of decaased?	

5	8	1	9	

hava occurrad on tha date statad abova, atm. PRINCIPAL CAUSE OF DEATH end related causes of Importance
pate of onset
replication !
then Contributory Causes of importence:
ame of operation. Date of
If daath wes due to axternal ceuses (VIOLENCE) In in elso the following:
ccident, suicide, or homicide? Date of injury, 19
here did injury occur?(Specify city or town, county and State) pacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
pacing whether injury occurred in INDUSTRI, in NOME, OF IN PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, spacify

(Signad)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ample I		Ex	ample II	
h and related cau	ses Date of onset	The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset
	1915	Attack of epilepsy	19	1 week ago
JUN 2 119	31 - 1921	Run over by street car	1 4	1 week ago
**************************************	July 5,1927	Peritonitis		3 days ago
BUKEAU			* *	
of importance:	1 1 1 1 1 1 1	Other contributory causes	of importance:	
	May 1,1923	Gastroenteritis		1 year
			E 4	
	h and related cau ys C L 19 JUN 2 19	h and related causes that of onset wis 1915 1917 1921 1927 1931 1927 1945,1927 196 importance:	The principal cause of de of importance were as fol Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSIÇIAN
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FAT

MOTHER

15. MAIOEN NAME

(Address)

BINDING

ARGIN RESERVED

I4. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAN 19. UNOERTAKER

Nature of injury_ 24. Was disease or injury in eny way related to occupation of deceased? If so, specify _

What test confirmed diagnosis? Wes there an autopsy?.....

(Specify city or town, county and State)

Accident, suicide, or homicide? Date of injury 19...

Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

23. If deeth was due to external causes (VIOL ENCE) fill in also the following:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did injury occur?____

(Address)

Mannet of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Tuly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	\		

STATE OF MARYLAND—CERTIFICATE OF DEATH

5821

Village or City Pacomake Lity R.7.	Registration Dist. No. 350
	Α
// ' (○ · No. St., Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U. S. if of foreign birth?yrsmos,ds
2. FULL NAME Mrs Sallie James	Davis
(a) Residence: No. Sreenbacknelle	St. Ward. Ira
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Westowned	21. DATE OF DEATH May 10, 1937
a. If merried, widowed or divorced HUSBAND of Corbins Daves (or) WIFE of Joshus Daves	1 HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTHY (month, day, and year) Oct - 30, 1860	I last sawfin. Less alive on May 8 1 , 1937; deeth is sei
. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.
77 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of officer
9. Industry or business in which	Goldan ()
work was done, as SILK MILL, SAW MILL, BANK, etc.	Tovar Incumana 9 da
10. Date deceased last worked at this occupation (month and year) . spent in this occupation	J. J.
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Plany Cond	
	News of security of
(State or country) 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Was there an aulopsy?
15. MAIDEN NAME not Procure	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Not Russer 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country) Maryland	Where did injury occur?
7. INFORMANT MED Life Janes Med	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Portersville Modale May 1/193:	Nature of Injury.
9. UNDERTAKER 77. a. heelds (Address) How Church Va	24. Was disease or injury in any way releted to occupation of deceased?
10. FILED May 10, 1937 ann E. White Registrar.	(Signed) John an Alickelson M. (Address) I + I + M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car 7 Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Run over by street car	1 week ago
7 Peritonitis	3 days ago
Other contributory causes of importance:	
3 Gastroenteritis	1 year
12	

-WRITE PLAKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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B.—WRITE PL

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5822
1. PLACE OF DEATH	<u> </u>
County Worcester	Registration Dist. No. 3
Village or City Sin Tyre	NoSt., Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
α α α α α	
2. FULL NAME Saly Wennes	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH may 26, 1937 (Month) (Day) (Pay)
5a. If married, widowed, or divorced HUSBANO of Or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Way 26-1937	I last saw h alive on, 19; death is said
7. AGE Years Months Prys If LESs than	to have occurred on the date stated above, at 2, 45 m.
b FT Day Sp 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	were as rollows from Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	full oric.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINEN, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	Do dayo sudwife
12. BIRTHPLACE (city or town) Dun Hill	Other Coutributory Causes of importance:
(Stata or country)	
13. NAME Dilee Mannis	
13. NAME 1 iller hlanning 14. BIRTHPLACE (city or town accomac Co Ua	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME TRENT 1315 W.P.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME TENS ON TWO. 16. BIRTHPLACE (city or town) Such State or country)	Accident, suicide, or homicide?
17. INFORMANT William Henris (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place With anno Date Mory 2719 3	Nature of Injury
19. UNOERTAKER & afley Williellem (Address)	24. Was disease or injury In any way related to occupation of deceased?
126 378 Pa Suith	(Signed) LECOY Swith 1, 100, D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

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	3. 58 6. 7. NOTHER FATHER 113
	3. 5a
ertificate.	6. 7.
o jo	NOI
on back	OCCUPATION
See instructions on back of certificate	12
See in	FATHE
TION is very important. S	18 MOTHER FATHER
ery i	17
S	18
Z	-
TIO	19

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5823
Village of CHP Sono Ifeld	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH S S 193 7 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oeys If LESS then 1 day,hrs. ormin. 8. Treda, profassion, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Oate deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or Town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	I last saw h elive on 19 deeth is said to have occurred on the data stated above, at 730 Am. The PRINCIPAL CAUSE OF DEATH and releted causas of importance were as follows: To core of slead No Socio Date of onset Lind bad acta and acreal Lind bad acta and acreal Differentiation Terrescope Causal Differentiation Causes of Importance Seath.
(State or country)	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Many Florid 16. BIRTHPLACE (city or town) Qq ((State or country) 17. INFORMANT Many Florid (Address)	23. If deeth was due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL, Place Angus Hall Date May 15, 1937	Mannar of Injury
19. UNDERTAKER Learne The Control of	24. Was disease or injury in any way related to occupation of dacesad? If so, specify (Signad) (Addrass) (Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	[Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE

item of infor-

1. PLACE OF DEATH	624
County Worceshi	Registration Dist, No. 3 57
Village or City Tiralitue	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary Vt. Junely	If U.S. Veteran specify WAR
(a) Residence: No. (Usus place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Trush	21. DATE OF DEATH Way 14 ,193 7 (Month) (Day) (Year)
5a. If married, widowed or disposed HUSBANO of (or) WHFE OF The Three Th	22. I HEREBY CERTIFY. That I attended deceased from 1937, to May 14, 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month's Oays If LESS than 1 day,hrs. ormin.	I last saw h
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 30 years)	Parolypio Moy T Crust mulcium Primary causes: Cerebal Fremanhagea Durstina: Six doyse Cursta. Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Pure Still (State or country) Mal	
13. NAME Jury Jourson 14. BIRTHPLACE (city or town) July (State or country)	Name of operation
15. MAIOEN NAME Elly Bylob 16. BIRTHPLACE (city or town) Survival Yell (State or country) 17. INFORMANT Quille Yogyword (Address) Andlebee Md 17. 7. D. #1	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Vol Sprung Date May 16, 1937	Manner of injury
19. UNDERTAKER THE MINE TO SERVICE THE MINES	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 7 9, 19 3 / X E Coy Streeth, Registrat.	(Signed) M. O. (Address) Augus Jul. M. J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Oth or contail to the contain to the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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STATE OF MARYLAND	CERTIFICATE OF DEATH 5825
1. PLACE OF DEATH	(R)-DX
County Norcesfel	Registration Dist. No. 35/
Village or Gitar Snow / sell	No. St., Ward
Length of rasidenca in city, or town whera death occurradyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) Ads. How long in U.S. If of foraign birth?
2. FULL NAME Madgie R. Muthie	If U. S. Veteran, specify WAR 10
(a) Residence: No. Othow Hill R. A.D.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH MAY 7 193 7 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mullians Leithail	22. I HEREBY CERTIFY, Thet I attended decaasad from
6. DATE OF BIRTH (month, dey, end year March 9-1862	I last saw here alive on Way 1, 1937; death is said
7. AGE Years Months Days If LESS then	to have occurred on the dete steted above, tr. 57/5-P.m.
75 / 128 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of Importenca
9 Trade profession or particular	were as follows: Cerebral hemorrhage 575/37
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc	<i>Q</i>
10. Data decessed last worked at this occupation (month and last) spent in this year) year)	Fig
12. BfRTHPLACE (city or town)	Other Contributory Causes of Importence:
(State or country) (State or country) (State or country) (State or country)	Uterio selerasis unbum
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Junkshourd	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT A filler Statherie	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL THE PLANT PLANT GROWN WILLIAM PORTS 9, 1937	Manner of injury
19. UNDERTAKER Jeanne (Address)	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED 5/8 , 1937 REROY Selith	(Signed) (Address) (Addres

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis HIM 17 1007	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	(12)
County // County	Registration Dist. No. 33/
Village or City Smow Hill HOUTES	ND. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurred 75 yrs. 4 m	os
2. FULL NAME Julia Harmon	If U. S. Veteran, specify WAR
(a) Residence: No.) Decor 7/ill Poute	2 St., Ward.
(Usual place of abode)	It nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3/SEX 4. COLOR OR RACE> 5. SINGLE MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the syste)	21. DATE OF DEATH / 193 7
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cory WIFE of Harry Harry	22. I HEREBY CERTIFY, That I attended deceased from
0 1 1 1 1 1 1 1 1 1	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oavs If LESS than	I last saw h; death is sale
1. AGE 16615 Monthly Onlys 17 LESS than 1 day,hrs	to have occurred on the data stated above, at
7 / y ormin.	were as follows:
8. Trede, profassion, or particular kind of work dona, as SPINNER. Laurence SAWYER, BOOKKEPER, etc.	10 Noctor les alleragues
9. Industry or business in which	at time of death pue
SAWYER, BOOKKEEPER, etc	nas suffered several
10. Date deceased last worked at 11. Total time (years)	with severe
this occupation (month and 193 spent in this occupation	provende usuna
12. BtRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country)	Cause of death - how
13. NAME Solve	Lustones 0
13. NAME Walle 14. BIRTHPLACE (city or town) Manufilm	Neme of operation Data of
(State or country)	
15. MAIDEN NAME Zanakanasan	What tast confirmed diagnosis? Was there an autopsy? Was there are autopsy?
- Portugues as to e	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E (Stete or county)	Where did Injury occur?
Mandy Har and	(Specify city or town, county and State)
17. INFORMANT (Addrass) Descript LID MO Preste 3	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREWATION/OR REMOVAL	M
Place by the title par May 23 1937	Menner of injury
407/20	Nature of injury
19. UNOERTAKER / Hame I deding	24. Wes disease or Injury in any way related to occupation of decaased?
(Addrass) Grow Fill Ma	If so, specify
20. FILEO 5/20 , 1937 RELOY Swith,	(Signad) Sulper Hell Mid
Registrar.	(Address) Supoce / dell / 1001-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	il	Example II	1
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5	SECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 7 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

1. PLACE OF

2. FULL NAM (a) Residence

malo

5a. If married, widowe HUSBANO of (or) WIFE of

6. DATE OF BIRTH (

work was SAW MILL IO. Oate deceased

15. MAIOEN NAME

(State or country

3. SEX

7. AGE

OCCUPATION

LION

V. S. No. 1

B

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 5827
PLACE OF DEATH	(<u>3</u>)
County Worceslyn	Registration Dist. No. 3 57/
Village or City Near prow fell	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds,
FULL NAME / daly / toyward	If U.S. Veteran apecify WAR
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) married, widowed, or divorced HUSBANO of (or) WIFE of TE OF BIRTH (month, day, end year) Months Out Out Teless than 1 day, hrs. or	22. DATE OF DEATH (Month) (Oay) (Yeer) 22. I HEREBY CERTIFY, That I attended deceased from Moy Met., 1937, to May Met., 1937 I last saw h. Helive on, 1937, to have occurred on the date stated above, at 2 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 0. Oate deceased last worked at this occupation (month and year)	Other Contributory Canses of importance:

12. BIRTHPLACE (city or town). (State or country FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER

16. BIRTHPLACE (city or town)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNOERTAKER (Address) 20. FILEO __

What test confirmed diagnosis?_____ Wes there an autopsy?___ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Oate of injury______ 19__

Name of operation_____

Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease of injury in any

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 301 7 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributes of the contribute of the contr	٢			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

=	C	6)	(7
9	0	2	0

1. PLACE OF DEATH	71
County Warrester	Registration Dist. No. 35 2
Village or City Ocean City	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
110: 2. 21	
2. FULL NAME Sluve M. Hus	If U. S. Veteran, specify WAR
(a) Residence: No. Olean elly m	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23 (Newth) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HER BBY CERTLEY That I thended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 28, 1934	below sure in the consumption
7. AGE Years Months Days If LESS than	Make occurred on the date stated above, at Pm.
3 26 1 day,hrs	for a follows of DEATH and related causes of importance
8 Trade profession or particular	Consessed precessed Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	my chicken spocks and
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. JIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	J. Mearles !
10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME Harry homis	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Elizabeth Hudson	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Space Clegabeth Otopes	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (Geean city ma	Manner of Injury
Place (Sistery Oxlo Mapate May 27, 193;	Nature of injury
19. UNDERTAKER I. W. Bustage	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Bulin mid.	If so, specify.
20. FILED 5 = 27 1927 && Munford	(Signed) M. D.
Registrar.	(Address) Chan all, Perf
If more blanks are needed, address State Registra	r, 2411 N. Charles Meet, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	Example I	-	Example II	
The principal cause of de of importance were as foll Arteriosclerosis	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	JUN 2 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:	3	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5829
1. PLACE OF DEATH	(3)
county Moncestyn	Registration Dist. No. 350
Village or City ocomobe teety	No.5 9 4 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Condelia H Jam	es!
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Terrole Colored Married	(Month) (Dey) (Yeer)
5a. If married, widowed, pr divorced HUSBAND of	22. HERZEBY CERTIFY That I attended deceased from
(or) WIFE of Sounds. James	May 3" 1037, 10 May 9" 195
6. DATE OF BIRTH (month, day, end year) Leady 12-1876	I last saw her alive on May 9" 1,1937; deeth is sail
7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, etm.
61 9 27 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trede, profession, or particular kind of work done as SPINNER.	Dissiparity of the state of the
kind of work done, es SPINNER, Housewfe. SAWYER, BOOKKEEPER, etc. Housewfe.	CARUIO-VASEUTAR-REMAP .
work wes done, as SILK MILL, SAW MILL, BANK, etc.	20/21205/5-
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked at this occupetion (month and year) occupation	
Property Poster	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	TENERAL DESITION ZINK
13. NAME Henry Rithlens	JEN LEVIL FOR
13. NAME LE LY Rithers 14. BIRTHPLACE (city or town) Agriculture Cept	Name of operation Date of
(Stete or country) Maryland	Whet test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME alle leletien	23. If death was due to externel causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME also letters 16. BIRTHPLACE (city or town) ocomo Carefully (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Manyland	Whera did injury occur?
17. INFORMANT Comest faces	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18 BURIAL CREMATION, OR REMOVAL	Manner of injury
Place De Data May 14, 1901	Nature of injury
19. UNDERTAKER LESSIESSI P. Strucyson	24. Wes disaasa or Injury in envivey related to occupation of decaased?
(Address) ocouralse lecty Misa.	If so, specify
20. FILED May 12, 1937 anne & Shile	(Signad)
Registrar.	(Address) Of Olerand Lity Men

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

5000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis May	1 year
		· COURT	1) H

KECAI FEXACT ST	
B. WRITE PLACEY, WITH UNFADING INK.—THIS IS A PERMANENT RECED. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of contificate	that is let timber and instructions on part of criments.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	-	CI	ø	3	1	
- R) (3	8	5	U	

1. PLACE OF DEATH	21
County Nonegaler	Registration Dist. No. 355
Village or City It holespoelle	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gean Com Lee	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH MOY (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 18, 19315	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Whaleywille (State or country)	Other Contributory Causes of importance:
13. NAME Capitan Lewis 14. BIRTHPLACE (city or town)	Sweet U.IS.
14. BIRTHPLACE (city or town) Monutond.	Neme of operation Date of What lest confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Collar Tracely 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dale of injury, 19
(State or country) Mongland.	Where did injury occur?
17. INFORMANT Conston Lives (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL believe phelond y	Manner of injury
Place Tem Nupe ma Date 5-2., 1931	Nature of Injury
19. UNDERTAKER M. Lasha Hatton (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5-1- 1997 Helen F. Hayward	(Signed) Chao R. Haw M. D.
Argistrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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A STATE OF THE STA	mple I	EDI	Example II	
The principal cause of death of importance were as follow	and related causes	Date of obset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	Page.	S1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE PLA

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	34
County Warcesler	1 T / Registration Dist. No. 350
Village or City Pocomoka Centry	ND. No. 1 + M # St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
111. 1 1/11 / 16	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / MULLE MADDE	If U. S. Veteran, specify WAR
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Terrole (colores OR DIVORCED (write the word)	May 1 + 193 /
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Palleau Martin	22. I HEREBY CERTIFY, That I attended decaasad from
Mat 1 = 1911=	, 19, to, 19
6. DATE OF BIRTH (month, day, and yaar)	I last saw h
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to heve occurred on the data steted above, at 0.180 / m.
6 ormin.	wate as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, 7	Far. ads. Put Tulerculos Date of onest
SAWYER, BDDKKEEPER, etc.	This patient was examined
work was done, as SILK MILL, SAW MILL, BANK, etc	at the cluic africe 22 1937
U ID. Date dacaased last worked at 11. Total tima (years)	by Dr. Marray mother
this occupation (month and 1937 spent in this occupation	Doctor in attendance
0	Dther Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	Suphulin
	C*:
H 13. HAME I CHILLE	
13. NAME William Jelle 14. BIRTHPLACE (city or town) Warce de Control (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
1 15. MAIDEN NAME Weller Holling	23. If daath was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME ACCEPTANCE (city or town)	Accident, suicide, or homicida? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Milleage Hellepto	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) Pocomo le Leity, Met,	
18, BURIAL CREMATION OR REMOVAL	Manner of injury
Place Date Date 1951	Nature of injury
19. UNDERTAKER Serviore L. Dieseesa	24. Was diseasa or injury in any way related to occupation of dacaased?
(Addrass) Pormulae lange Miles	If so, specify
20. FILED May 26, 1937 Aure & Thete	(Signad) Cure Ea. Whele acting Registered
Designary	(Address) (Papa moles little Mal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FEIVEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

19. UNDERTAKER

(Address)

should state of OCCUPA-

item of infor-

	I. PLACE OF DEATH			(191)			0000
	County Waree	ster.			Registration [Dist. No. 33	2
	Village or City	sliss	md	No. f death occurred in a hospital or inst		51	Ward
	Length of residence in city or town	where death	1/	ds. How long in U.S. i	l of foreign birth?	yrs	mosds.
	2. FULL NAME JA	rice	O. Jennen		n, specify WAR		
	(a) Residence: No.	un	(Usual place of abode)	St., Ward.	If nonresident (give city or town ar	nd State
	PERSONAL AND STA	TISTICA	L PARTICULARS		CERTIFICATE	OF DEATH	
3.	SEX 4. COLOR OR RA		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Monds)	23 (Day)	, 193
5a.	. If married, widowed, or diverced HUSBAND of (or) WIFE of	, De	unwell	22! JEG! HEREB	Y SERTIF		7
6.	DATE OF BIRTH (month, day, and year	Hes	-,16,1880	I last saw h alive on	may	2 3/192	
7.	AGE Years Mor	ths	Days II LESS than I day,hrs.	to have occurred on the date sta		11 m.	
	2713	_	ormin.	The PRINCIPAL CAUSE OF DE	ATH and related cause	es of importance	Date ol onset
NOI	8. Trada, prolession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc	ER,		hrites.	derelete	1	F
OCCUPATION	9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	· 2/2	wswife	Hypertes	une		
000	10. Data deceased last worked at this occupation (month and year)		11. Total tima (years) spant in this occupation				
12	BIRTHPLACE (city or town)	nd.		Other Contributory Causes of in	portance:		
	(Stata or country)		- G				
TER	13. NAME June	w 15	utter				
FATH	f4. BIRTHPLACE (city or town)(State or country)/	GM	4.	Name of operation) 14") 	Date of.	11 48
ER	15. MAIDEN NAME Charle	the x	folland.	23. If death was due to external			
MOTHER	f6. BIRTHPLACE (city or town)			Accident, suicide, or homicide?			
Σ	(State or country)	-11	M	Whara did injury occur?		town, county and S	
17	INFORMANT Also Allo	14	Senpervell	Specify whether injury occurred	in INDUSTRY, in HOI	ME, or In PUBLIC I	PLACE.
f8	BURIAL, CREMATION, OR REMOVAL	11,0	Ora (Manner of Injury			
	Place Hour fu	els. o	ate 1/10476 1937	Nature of injury			~ a

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 105051451	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

Z

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5833
County Worcester	
	Registration Dist. No.
(lf	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (wrighthe word)	21. DATE OF DEATH Pocomoke City, May 27th 193 7 (Yeer)
5a. If married, widowed, or divorced HUSBAND of Katie Purnell	22. I HEREBY CERTLEY, That i attended decesed from 197, to Plant 2 2 197
6. DATE OF BIRTH (month, day, and year) June 12th. 1894.	I last saw/b eliva on 12 1972 death is seld
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 12.004.M
42 11 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or perticuler kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	Okran Haphrel
12. BIRTHPLACE (city or town) Pocomoke City (State or country) Maryland.	Other Contributory Causes of importance:
13. NAME DON'T KNOW 14. BIRTHPLACE (city or town) II (State or country) II II	Name of operation Dete of West here en eulopsy?
造 15. MAIDEN NAME MOllie Quinn	23. If death was due to externel couses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mollie Quinn 16. BIRTHPLACE (city or town). Pocomoke City (Stete or country) Maryland.	Accident, suicide, or homicide?, 19, Whera did Injury occur?
17. INFORMANT Edith Marshall (Address) Pocomoke City, Maryland.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL HALLS HILL Cemetery pereMay 29th, 19 37	Mannar of Injury
19. UNDERTAKER PORCONO CITY, Maryland.	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED May 29, 1937 Aune E. Shile Registrar.	(Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MUNEAU V. S.			
Other contributor causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
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V. S. No. 1 N. B

	infor-	state	UPA.	
M)	of	nld	200	1
	item	sho	of O	
	Every	CIANS	Exact statement of OCCUPA.	
	Ĝ.	YSI	stal	
*	RECO	Y. PH	Exact	
INDING	ERMANENT RECORD. Every item of infor-	EXACTLY. PHYSICIANS should state	classified.	

10/

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5866
County Morcester	Registration Dist. No. 3 57
Village or City Show Kill	NoStWard
Length of residence in city or town/where death occurred Zevrs. 10 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) A. J. ds. How long in U.S. If of foreign birth?
2. FULL NAME John C. Howley	If U. S. Veteran, specify WAR
(a) Residence: No. Snow Hill Rotate /	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mark 30 193 7
54. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cora. Roules	22. Ochler 1936 to May 29 1937
6. DATE OF BIRTH (month, dey, and year) 2 01937	I last saw h Lamalive on May 29 1937; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at A.m.
76 10 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Strade profession or particular	Date of onset
ind of work done, as SPINNER, abover	1 h 1 + 1 >
9. Industry or business in which work was done, as SILK MILL, Jaw Mill SAW MILL, BANK, etc.	on myocardills.
O 10. Date deceased last worked at 11. Total time (years).	
this occupation (month and 1933 spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(State or country) Marilland	-Out (Nonelilles
13. NAME Dentamon Powley	· · · · · · · · · · · · · · · · · · ·
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Maryland	What test confirmed diagnosis Lewes Was there an autopsyllo
15. MAIDEN NAME Tally Harmon	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Delles Stewarters (Address) Survey Vill Md Rante	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of Injury
Place Do defrum Calley Dato Mil 193/	Nature of Injury
19, UNDERTAKER Learne I have	24. Was disease or injury in any way related to occupation of deceased?
(Address) Duon Hill mad	If so, specify
20. FILED Gf/ 1937 LECoy Swith	(Signed) THURLICHE M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Į į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		8 1991	
Other contributory causes of importance:	3.5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	834
1. PLACE OF DEATH		(159)	
County / Vorcesley		Registration Dist. No. 36	/
Village or City Yand De T	1.1.1	NoSt.,	War
Length of residence in city or town where deat		death occurred in a hospital or institution, give its NAME instead of street and nu-	
0	A decurred yrs,	200	
2. FULL NAME Juny	1000	If U. S. Veteran, specify WAR	
(a) Residence: No. / hadde	(Usual place of abode)	St., Ward. If nonresident give city or town and S	lale
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH///	0
Wal. White	OR DIVORCED (refrite the word)	(Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of	0		(11917)
(or) WIFE of		1 HEREBY CERTIFY, That I attended d	ecaased fro
6. DATE OF BIRTH (month, day, and year) Ma	1 20 1937	Hast saw h Line, aliva on Adda 28 1937	death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12.2 2 4m.	
	1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	\/	Tremature brith	Oate of ons
9. Industry or business in which work was done, as SILK MILL,		6 1/2 mos-	
10. Date deceased last worked at this occupation (month and year)	11, Total time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) Sud	itieg	Other Contributory Causes of importance:	~~~~
(Stata or country)	WA A		
13. NAME Milton Contain	7 1000		
14. BIRTHPLACE (city or town)	noun	Nama of oparation Date of	
	Jan Mrung.	What test confirmed diagnosis?	
E men	1- d	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury	
16. BIRTHPLACE (city or town) (State or country)	110	Whera did injury occur?	, 17
17. INFORMANT AMULA STA	sun Tarr	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Cet home	Date \$728 ,1937	Nature of injury	
19. UNDERTAKER Millace &	Tarr.	24. Was disease or injury in any way related to occupation of deceased?	w
20. FILED S/28, 1937 REC	by Swith.	(Signad))M.
If more bla	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	
-, more oran		-q 1 County direct, Danimore, Acquenng U. J. 140, 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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FEXAMITE EIVED		Example II	
The principal cause of death and related causes of importance were as follows UN 7 1937 Arteriosclerosis	Dite of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis BUEFAII V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	IER STATEMENTS	BY	PHYSICIAN
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S. No.

20. FILED_

1. PLACE OF

STATE OF MARYL	AND-CERTIFI	CATE OF DEATH	H 58
Pocesler LIMITS OF		Registration Dist.	No. 351
ce in city or flyon where deeth occurred 71	No. (If death occurred in a yrs. 2 ds. Hov	hospital or institution, give its NAME inste w long in U.S. if of foreign birth?	St., ead of street and number
Charles B. Jim	mons) If	U. S. Veteran, specify WAR	10.

County Village or City Ward Length of residen ----ds 2. FULL NAMI (a) Residence: No. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 54. If merried, widowed, or divorced-HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than to heve occurred on the dete 1 dey,hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or____min. were as follows: 8. Trede, profession, or perticuler PATION kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years)
spent in this
occupation 40 10. Date deceesed lest worker this occupetion (month Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country, FATHER 13. NAME 14. BIRTHPLACE (dity or town) Neme of operation.... (Stete or country) What test confirmed diegnosis? Wes there an eutopsy? MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______19____ 16. BIRTHPLACE (city or town (Stete or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) N OR REMOVA 18. BURIAL, CREMATI Manner of Injury Neture of Injury. 24. Wes diseese or injury in any way releted to occupation of deceased? 19. UNDERTAKER (Address)

> (Address) _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar.

If so, specify (Signed)___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	nple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 7 19	37 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1997	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
·				

B plnods carefully

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WRITE

S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA pluods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.__ statement PHYSICIAN If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Sina 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 16.30 1-m 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of opset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER. of SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which work wes done, es SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation _ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Neme of operation. (State or country) What test confirmed diagnosis?. ----- Wes there en autopsy?_ OTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_______ Dete of injury_______19 16. BIRTHPLACE (city or town) (State or country) pe Where did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT Y (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Date May 10 14, 19 37 mation Neture of injury. 24. Was disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER If so, specify 20. FILED Registrar. (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May'1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 5837
1. PLACE OF DEATH	(8270)
County Worcester	Registration Dist. No. 355
Village or City Whaley welle	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
1 + 7 h/	s. How long in U.S. if of foreign birth? / yrs. mos. ds
2. FULL NAME Clement O, M	Renor
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH Anonth) (Dey) (Yeer)
5a. If married, widowed, or divorced	(honth) (Dey) (Yeer)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
	May 16 ,1937, to May 19, 1937
6. DATE OF BIRTH (month, day, and year) Unknown	I last sawh Last alive on May 19 , 1937; death is said
7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the dete stated above, et
70 renknows or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER,	Custral vascular
SAWYER, BDOKKEEPER, etc	hemorhage 5.14-3
work was done, es SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Qlawoge, (State or country)	Other Cantributory Causes of Importance:
closure Off old ! I h	
14. BIRTHPLACE (city or town)	
(Stete or country)	Name of operation Dete of
	Whet test confirmed diagnosis?
	23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Upferousing (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Leves Wilkerson	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Whaleyulley Md.	
Place Hholeyalls Mos May, 21, 1939	Menner of injury
19. UNDERTAKER M. Pasha Watson (Addiess)	24. Was disease or injury in any wey releted to occupetion of deceesed? Zasa
20. FILED 5-21, 1937 Allen J. Name Registrop.	If so, specify (Address) Sea Halland, M. D. (Address) M. D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
BUXL	-		•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

. 1. PLACE OF DEATH	(A5)
County Worlesfee	Registration Dist. No. 355
Village or City Beslin md.	NDSt.,Ward
110	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Aunes B. Wille	Account U. S. Veteran, specify WAR
(a) Residence: No. Julia Med (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (worke the word)	21. DATE OF DEATH 23 -, 193 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Huam J. Williams	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Feb. 17, 18, 73 7. AGE Years Months Days If LESS than	I last saw h; death is said
/ / l day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Pulmanary VB3
9. Industry or business in which work wes done, as SILK MILL,	1
SAW MILL, BANK, etc 10. Date deceased lest worked at this expending (menh and the control of	
this occupation (month and 1937 spent in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country)	Hermanhore
13. NAME William Ellis	
13. NAME / Ulliam Ellis 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME and address 16. BIRTHPLACE (city or town) (State for country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State/or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT And Walded	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place Bullin mid. Date May 16, 1937	Manner of injury
19. UNDERTAKER J. W. Buffage (Address) Bulli md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5-26 , 1937 Helen & Haywa	(Signed) Chase S. Naw M. D. (Address) Bushing

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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